



GRACE HUNTLEY
— COUNSELING —

Client Name:

Date:

Intake Information

Presenting Issue:

Family History:

Social/ Relationship History:

Sexual History:

Trauma History:

Education/ Career History:

Heritage (multicultural considerations, cultural values, etc.)

Psychiatric History (when, where, why, outcome)

Suicidal ideation? ___ Yes ___ No

Suicidal attempts? ___ Yes ___ No



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Mental Status

General Description: (Appearance, behavior, speech, attitude)

Attention/ Concentration: (Focus, distractibility)

Mood/ Feeling/ Affect: (Appropriateness, intensity, range, duration)

Thought Process: (linear, productivity)

Reality Testing: (Judgment, interpretation of social reality)

Ideation/ Attempts: (Suicide, homicide, self-harm)



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Medical History

Significant Health Conditions:

Significant Injuries:

Surgeries:

Following through with appointments:



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Substance Use History

Substance	Current Use	Hx of Use	Frequency	Route	Note
Alcohol					
Methamphetamine					
Cocaine/Crack					
Marijuana					
Heroin/Opiates					
Tranquilizers					
E, K, and G					
Psychedelics					
Inhalants					
PCP					
Rx Meds					
Nicotine					

Previous SA Treatment:

(If Yes Past):
(If Yes Current):

Current Strengths and Resources:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:



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Intake Information

Intake (cont.)

Notes (include schedule preference)

Clinician Signature:

Date:
